## 2006-2007 Grant Application

## **Combined Application for:**

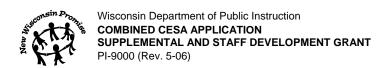
### **WATODEN Network**

# Supplemental Grant for Training and Partnership Council Participants

PI-9000



Wisconsin Department of Public Instruction Elizabeth Burmaster, State Superintendent



Collection of this information relates to s. 115.36, Wis. Stats. For questions regarding this grant, contact: Student Services, Prevention, and Wellness (608) 266-7051 INSTRUCTIONS: Please type. Complete and return by JUNE 30, 2006, to:

PAM KANIKULA
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
STUDENT SERVICES, PREVENTION AND WELLNESS TEAM
125 SOUTH WEBSTER STREET
P.O. BOX 7841
MADISON, WI 53707-7841

|     |   |           |                                   | GENERAL INFORMATION   |                       |                                   |
|-----|---|-----------|-----------------------------------|---|-----------------------|-----------------------------------|
| CE  | SA  |           | Address Street, City, Zip         |   |                       | Total Funds Requested             |
|     |   |           |                                   |   |                       | \$                                |
| CE  | SA A  | dministra | ator                              | E-Mail Address  |                       | Telephone Area/No./Ext.           |
|     |   |           |                                   |   |                       |                                   |
| Pr  | oject   | Coordina  | itor                              | E-Mail Address  |                       | Telephone Area/No./Ext.           |
|     |   |           |                                   |   |                       |                                   |
| T   |   |           |                                   | CERTIFICATION   |                       |                                   |
|     |   |           |                                   | nd the programs described in this funding application h to the best of our knowledge.   | ave been satisfie     | d and that all facts, figures and |
| Si  | gnatu   | re of CES | SA Administrator                  |   |                       | Date Signed                       |
|     |   |           |                                   |   |                       |                                   |
| T   |   |           |                                   | A. ASSURANCES   |                       |                                   |
| The | appl  | icant her | eby gives assurance to the S      | tate Superintendent of Public Instruction that: Please Co   | heck                  |                                   |
|     | A.  | Funds r   | made available under s. 115.      | 36 will be used only for the approved programs, as indic  | ated in the grant a   | application;                      |
|     | B.  | The app   | olicant will maintain its local   | efforts. Funds will be used to supplement, rather than to   | supplant, local eff   | orts.                             |
|     | C.  |           | •                                 | orts and claims for reimbursement in accordance with Aids of the Department of Public Instruction;  | procedures pres       | cribed by the Bureau for School   |
|     | D.  | regardir  | ng a program or project if s      | EA or CESA will participate in, or make recommend<br>uch decision can be expected to result in any benefit<br>ultant fee, or other benefit to him or her or any member of | or remuneration,      | , such as a royalty, commission,  |
|     | E.  | or at ar  | ny time during the duration       | n will reserve the right to a final audit at the end of the final final period. In the event of an overpayment the amount of such overpayment;                            | •                     | •                                 |
|     | F. The applicant will submit a final report to the Department of Public Instruction within 30 days of the program completion date as specified in grant award;  |           |                                   | ompletion date as specified in the  |                       |                                   |
|     | G. The applicant will share project experiences, activities and materials on a cost recovery basis with other interested Wisconsin school district and CESAs upon request;  |           |                                   |   |                       |                                   |
|     | H.  | The ap    | plicant will participate in all   | regional and state meetings held by the Department of   | of Public Instruction | on for program coordinators and   |
|     | I. In connection with performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant f employment because of race, sex, religion, age, color, national origin or handicapping condition. The aforesaid provision shall include, but n be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates pay or other forms of compensation, and selection for training, including apprenticeship. The contractor agrees to post notices where they a readily available to employees and employment applicants. The notices are to be provided by the contracting officer setting forth the provision of the nondiscrimination clause. Furthermore, the State of Wisconsin Department of Public Instruction operates under an Affirmative Action Plan and under a merit employment system; |           |                                   | aid provision shall include, but not<br>ing, layoff or termination, rates of<br>es to post notices where they are<br>officer setting forth the provisions                 |                       |                                   |
|     | J.  | regardle  |                                   | pportunities for individuals to participate in the projection, national origin, ancestry, creed, pregnancy, maritality;   | •                     | , ,                               |
|     | K.  | The app   | olicant will participate in state | wide evaluation initiatives.  |                       |                                   |
|     |   |           |                                   | I match" in accordance with the   |                       |                                   |

Page 2 PI-9000

|  |  | ۱T |  |
|--|--|----|--|
|  |  |    |  |
|  |  |    |  |

1. **Needs:** Identify current strengths and needs in your region regarding alcohol, tobacco, and other drug abuse, and violence prevention programs utilizing focus groups, sampling, partnerships, etc. Describe the method you used for gathering this information.

#### B. NARRATIVE (cont.)

Provide a description of activities related to the following objectives. Limit: 2 additional pages. The following are required activities of the base grant

### 2. Objectives

- a. Provide regular and ongoing opportunities for networking and communication with school-based ATODA program coordinators through a minimum of guarterly workshops/share shops, or other comparable means.
- b. Participate in the following statewide network events:
  - 1) Six (6) state network facilitators meetings annually
  - 2) DPI's "Building the Heart of Successful Schools" conference
  - 3) Regional ATODA Grant workshop

### Describe your plan to:

- c. Provide technical assistance to promote and implement available network-based services, and provide on-site consultation and telephone technical assistance to each of your region's schools and community partners. Your plan must include, but is not limited to, providing technical assistance in the following areas:
  - 1) State and federal grant writing, reporting, and evaluation.
  - 2) Comprehensive School Health Program (CSHP) development and evaluation (including the promotion of the DPI-AODA Assessment tool, where applicable).
  - 3) Proposed state and federal legislation regarding ATODA, violence.
  - 4) Advocacy strategies for program development and continuation.
  - 5) Promote DPI's prevention programs, activities and resources.
- d. Administer the mini-grant program, including the following:
  - 1) Promoting grants CESA-wide for all school districts.
  - 2) Providing technical assistance to applicants to ensure projects are student written and student led and maintain an ATODA, violence, or alcohol-traffic safety focus.
  - 3) Facilitating and providing the readers with an orientation utilizing DPI criteria and review sheets.
  - 4) Maintenance of project records, collection of end-of-year reports, and submission to DPI.
  - 5) Make awards and pay claims for funded projects.
- e. Administer the educator fellowship program, including the following:
  - 1) Promotion and management of fellowship funds CESA-wide, for all school districts as directed by DPI requirements.
  - 2) Promotion of appropriate coursework, including DPI-sponsored.
  - 3) Facilitation of a regional review and approval process of applications based upon appropriate criteria.
  - 4) Maintenance of project records.
  - 5) Submission to DPI of an annual summary of participants by district and courses taken.
- f. Provide a minimum of two one-day/professional development activities. Note that at least one of these professional development activities must target approved scientifically-based programs as outlined by CSAP, DOE, Center for the Study and Prevention of Violence; CASEL or NIDA—Preventing Drug Use Among Children and Adolescents: A Research-Based Guide and be related to regional needs. In addition, describe specific topic, target audience, and expected outcome.

| Page 4 | PI-9000 |
|--------|---------|
|        |         |

Items 3 and 4 represent the Supplemental Grant for Training and Partnership Council Participants. Applicants have the option of writing plans for either staff development, partnership council participants, both or neither.

- 3. Describe your plan to provide additional training staff development opportunities. For each event include:
  - a. Topic
  - b. Target audience
  - c. Learning outcome expected
  - d. Length

DPI will provide up to \$2500 per day for training serving a minimum of 15 people (e.g., Staff, volunteers, youth leaders).

PI-9000 Page 5

Describe your plan to create, maintain, and participate in county and regional Alcohol, Tobacco, and Other Drug Abuse prevention coalitions. For each council/coalition describe:

- Name
- Frequency of meeting/participation
- Expected outcomes including major activities or events

B. NARRATIVE (cont.)

| Page 6 |   | PI-9000 |
|--------|---|---------|
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
| b.     | Impact of staff development and training.     |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
| C.     | Impact of prevention coalition participation. |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        |   |         |
|        | C. BUDGET DETAIL                              |         |
|        |   |         |
|        | 1. PURCHASED SERVICES                         |         |

PI-9000 Page 7 b. d. a. c. **Estimated Unit Cost Total Cost** Item Name **Purpose** WATODEN Network and ATODA Educator Fellowships Subtotal \$ Training and Partnership Council Facilitation Subtotal \$ **Grand Total** 

C. BUDGET DETAIL (cont.)

\$

| 3  |                  |   |
|--|------------------|---|
| a.   | b.               | c.<br>Salary & Fringes                                  |
| Name   | Responsibilities | Specify no. of contracted days for<br>each content area |
| WATODEN Network and ATODA Educator Fellowships | S                |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  | Subtotal  |
|  |                  | \$  |
| Training and Partnership Council Facilitation  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  |   |
|  |                  | Subtotal  |
|  |                  | Subtotal<br>\$  |
|  |                  | Grand Total   |
|  |                  | \$  |
|  |                  |   |

| C. BUDGET D   | DETAIL (cont.) |            |         |
|---|----------------|------------|---------|
| 4. ADMINI   | STRATION       |            |         |
| a.  | b.             | C.         | d.      |
| Item Name   |                | Estimated  |         |
| Include all items budgeted under Administration classification. | Unit Cost      | Total Cost | Purpose |

c. Unit

Cost

b.

Quantity

Item Name
Include all items budgeted under Non-Capital Objects classification.

WATODEN Network

d.

Purpose

Salaries

| _ |
|---|

|   | UNIFIED SERVICES BOARD VERIFICATION |  |  |
|---|-------------------------------------|--|--|
| This form must be submitted along with the grant application. |                                     |  |  |
| Board Name  | School District Applicant           |  |  |

| Address   |             |
|---|-------------|
|   |             |
| ontact Person who will serve as 51.42 Board Representative  |             |
|   |             |
| ontact Person's Title   |             |
| 5.11.dot 1 6.156.116 1 1.116  |             |
| ecommendations  |             |
| SSS IIII SI ISANG III SI ISANG II |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
| gnature of 51.42 Board Representative   | Date Signed |
| >   |             |